

# INMATES IN THE DDP AND THE RULES VIOLATION ASSESSMENT PROCESS



# Introductions

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# Learning Objectives

- 1.) Provide an overview of the DDP.
- 2.) Review the MH-A and the disciplinary process.
- 3.) Discuss the findings and possible implications of the MH-A.
- 4.) Provide an overview of relevant community resources.

# Learning Objective #1: Overview of the DDP

- Screening Process
  - *Three phase screening process.*
- Community versus the CDCR standard
  - *The CDCR is more inclusive.*

# Learning Objective #1: Overview of the DDP (cont'd)

- DD1  
→ *Mild impairment*
- DD2  
→ *Moderate impairment*
- DD3  
→ *Significant impairment*

# Learning Objective #1: Overview of the DDP (cont'd)

- What does it mean to be included in the DDP?
  - *Cognitive impairments and adaptive functioning deficits.*
  - *Designation-specific functionality.*
- Insight considerations
  - *Tremendous variability arising from a multitude of factors.*

# Developmental Disability versus Mental Illness

DDP	MHSDS
Usually low IQ	IQ not a factor
Behavior is usually rational for their “mental age”	Behavior is often irrational for their “mental age”
Cannot be cured. Training and repetition may improve life skills but will not raise their IQ	Symptoms may be relieved or cured
Mostly occurs before age 18 and is permanent	May occur or reoccur at any age

# Learning Objective #2: Disciplinary Process

- Purpose of the MH-A
  - *An effective vehicle for clinical staff to deliver custody with clear, concise and meaningful information on the role of the inmate's mental disorder/cognitive disability in the alleged misconduct.*



# Learning Objective #2:

## Disciplinary Process (cont'd)



- Collaboration

→ *Custody and mental health staff must form a partnership focused on communication and information sharing in order to succeed.*

# Learning Objective #2:

## Disciplinary Process (cont'd)

### ■ Who gets the MH-A

Any inmate:

→ *Who is in the MHSDS at the EOP, MHCB, Acute Psychiatric or Intermediate LOC.*

→ *Who is a participant in the DDP (DD1, DD2, or DD3).*

→ *Who engages in an act of Indecent Exposure or Sexual Disorderly Conduct.*

→ *At the CCCMS LOC charged with a Division A, B, or C offense, OR any offense which could result in a SHU term assessment.*

→ *Who exhibits bizarre or unusual behavior **for any inmate** or behavior that is uncharacteristic **for this particular inmate** (MHSDS/CCCMS only).*

# Learning Objective #2:

## Disciplinary Process (cont'd)

- Changes to the MH-A form
  - *Addition of three questions.*
  - *Improved documentation and accountability of custody in adjudication of the RVR.*
  - *Requirement for MH to incorporate custody disposition in the inmate's treatment.*

# Learning Objective #2:

## Disciplinary Process (cont'd)

- Changes to the MH-A form
  - *Inclusion of DDP participants in the assessment process.*
  - *Changes to the time constraints.*
  - *Entirely electronic process.*

# Learning Objective #2: Disciplinary Process (cont'd)

- Refer to MH-A Form in handouts  
→ *Briefly review Questions #1-6.*

# Learning Objective #2:

## Disciplinary Process (cont'd)

- Overview of the assessment process
  - The RVR is entered into SOMS.
  - Once the RVR is classified, an MH-A request will be automatically forwarded via CERNER when indicated.
  - The assessing clinician completes the MH-A and the information is uploaded electronically to SOMS upon completion.

# Learning Objective #3: Findings and Implications

- Additional areas of inquiry
  - What are the reasons for the write-up(s)?
  - Is there a theme or identifiable trigger related to the write-ups?
  - What makes it difficult for you to follow directions?

# Learning Objective #3:

## Findings and Implications (cont'd)

- Additional areas of inquiry
  - How will you be able to effectively manage your behaviors in the community?
  - Has participation in the MHSDS and/or DDP been helpful in changing your behavior?
  - Do you think continued participation in mental health treatment and/or utilizing community resources can be helpful?



# Learning Objective #4: Community Resources

- Regional Centers

- *Private, non-profit corporation working under contract with the State of California, Department of Developmental Services.*

- *21 Regional Centers throughout the State of California*

- *Inclusion criteria: Intellectual Disability, Cerebral Palsy, Epilepsy, Autism, Category 5 (Other substantially disabling conditions closely related to intellectual disability); Onset prior to age 18.*

- Community-Based Service Providers

- *Independent Living Services (ILS)*

- *Supported Living Services (SLS)*

- *In-Home Support Services*

- *Personal Assistants*

- *Mentor Programs*

- *Full/ Partial Wrap Around Services*

# Learning Objective #4: Community Resources (cont'd)

- Community-Based Service Providers
  - *Payee Services*
  - *Day Programs (i.e. Employment, Adaptive Skills Training)*
  - *Mobility Training*
  - *Job Coach (Through Department of Rehabilitation)*
  - *Therapy Services (i.e. USC Free Therapy via Skype)*
  - *NA/ AA Services*
  - *Diversion Programs*
  - *Medical/ Psychiatric Services*

# The End

- Thank you for your participation!
- Questions/comments?